## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 10743783

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |                              |              |                  |     | SMALL ENTITY TYPE                     |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--|--|---|---------------------------------------|------------------------------|--------------|------------------|-----|---------------------------------------|------------------------|----|-------------------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | 42                                    |                              |              |                  | 1   | RATE                                  | FEE                    | ]  | RATE                          | FEE                    |  |
| FO   | R  |   | NUMBER FILED                          |                              | NUMBER EXTRA |                  |     | BASIC FEE                             |                        | OR |                               | 770.00                 |  |
| то   | TAL CHARGEA                                    | BLE CLAIMS                                | 42 min                                | us 20=                       | . 22         |                  |     | X\$ 9=                                |                        | OR | X\$18=                        | 396                    |  |
| IND  | EPENDENT CL                                    | AIMS                                      | 5 mir                                 | nus 3 =                      | * 2          |                  |     | X43=                                  |                        |    | X86=                          | 172                    |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PR                             | RESENT                                |                              | L            |                  |     | ,                                     | :                      | OR |                               | 170                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                       |                              |              |                  |     | +145≃                                 |                        | OR | +290=                         |                        |  |
|  |  |   |                                       |                              |              |                  |     | TOTAL                                 |                        | OR | TOTAL                         | 1328                   |  |
|  | Cl   | LAIMS AS A<br>(Column 1)                  | MENDED - PART II (Column 2) (Column 3 |                              |              |                  |     | OTHER THA SMALL ENTITY OR SMALL ENTIT |                        |    |                               |                        |  |
|  |  | CLAIMS                                    | HIGH                                  |                              |              |                  |     |                                       |                        |    |                               |                        |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUMI<br>PREVIO<br>PAID       | BER<br>DUSLY | PRESENT<br>EXTRA |     | RATE                                  | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                 | **                           |              | = .              |     | X\$ 9=                                |                        | OR | X\$18=                        |                        |  |
| AME.   | Independent                                    | *   | Minus                                 | ***                          |              | =                |     | X43=                                  |                        | OR | X86=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                              |              |                  | 1   | +145=                                 |                        |    | +290=                         |                        |  |
|  |  |   |                                       |                              |              |                  |     | +140=                                 |                        | OR | +290=                         |                        |  |
|  |  |   |                                       |                              |              |                  |     | TOTAL                                 |                        | OR | TOTAL                         |                        |  |
|  |  |   |                                       |                              |              |                  |     |                                       |                        |    |                               |                        |  |
| (Column 1) . (Column 2) (Column 3)   |  |   |                                       |                              |              |                  |     |                                       |                        |    |                               |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | NING NUM                              |                              | OUSLY        | PRESENT<br>EXTRA |     | RATE                                  | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                 | **                           | TON          | =                |     | X\$ 9=                                | TCC                    | OR | X\$18=                        | <u> </u>               |  |
| Ä  | Independent                                    | *   | Minus                                 | ***                          |              | = .              | 1   | X43=                                  |                        |    | X86=                          |                        |  |
| Ā  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                              |              |                  | 1 1 | A43=                                  |                        | OR | V00=                          |                        |  |
|  | <del></del>                                    |   |                                       |                              |              |                  |     |                                       |                        | OR | +290=                         |                        |  |
|  |  |   |                                       |                              |              |                  |     | TOTAL<br>ADDIT. FEE                   |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |
|  |  | (Column 1)                                |                                       | (Colu                        |              | (Column 3)       |     |                                       |                        |    |                               |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI<br>PAID | IBER         | PRESENT<br>EXTRA |     | RATE                                  | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                 | **                           |              | =                |     | X\$ 9=                                |                        | OR | X\$18=                        |                        |  |
|  | Independent                                    | *   | Minus                                 | ***                          |              | =                |     | X43=                                  |                        | OR | X86=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                              |              |                  |     |                                       | · · · · ·              | UH |                               |                        |  |
|  |  |   |                                       |                              |              |                  |     | +145=                                 |                        | OR | +290=                         | ·                      |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |                              |              |                  |     |                                       |                        |    |                               |                        |  |